FILED

NOV 0 3 2005 RON THORNBURGH

STATEMENT OF ORGANIZATION

RON THORN	DE STATE			
SECON POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES				
(See Reverse Side For Instructions)				
	This is a (check one)	Party Committee	✓ Political Action Committee	
	This is an (check one)	Initial Statement	Amended Statement	
COMMITTEE		(PLEASE TYPE O	R PRINT)	
Name				
Kansa	ins for Lifesaving Cu	ıres		
Mailing Address (Street, City, State, Zip Code)			Business Telephone (785) 841-7900	
PO Box 188, Lawrence, KS 66044 (785) 841-7900				
CHAIRPERSO	ON			
Name Lori Hutfles			Home Telephone (785) 841-4787	
Mailing Address (Street, City, State, Zip Code) PO Box 188, Lawrence, KS 66044			Business Telephone (785) 841-7900	
TREASURER				
Name Bradle	ey Kemp		Home Telephone (785) 843-0448	
Mailing Address (Street, City, State, Zip Code) PO Box 188, Lawrence, KS 66044			Business Telephone (785) 841-7900	
AFFILIATED	OR CONNECTED O	RGANIZATIONS		
Name Kansa	s Coalition for Lifes	aving Cures		
Mailing Address (Street, City, State, Zip Code) PO Box 188, Lawrence, KS 66044				
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If not connected	or affiliated with an org	anization, identify the tr	rade, profession, or primary interest o	f the contributors.
			47	
SIGNATURE:				
"I declare that this statement has been examined by me and to the best of my knowledge and				
belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class Amisdemeanor."				
Mr. 1,2005 Kosi Majure Hutters				
(Date) (Signature of Chairperson)				

Governmental Ethics Commission

Rev.2000